

## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAY 20 1944

Registration District No. 318

Primary Registration District No. 1003

16418  
4488

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1526 Benton St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 years  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Theodore A. Hellwig

3. (b) If veteran, name war none  
 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 16th 1924  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 1 28 hr. min.

9. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Stone Setter

## 11. Industry or business

12. Name Theodore Hellwig  
 13. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Frances Ottersbach  
 15. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Theodore Hellwig(b) Address 1526 Benton St.

17. (a) Burial (b) Date thereof 5-16-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery(a) Signature of funeral director Hy. Leidner U. Co.(b) Address 2223 St. Louis Ave.

19. (a) MAY 19 1944 (b) J. J. Bielecki  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1526 Benton St.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th  
 year 1944 hour 10:00 minute AM M.

21. I hereby certify that I attended the deceased from May 8th, 1944, to May 13th, 1944,  
 that I last saw him alive on May 13th, 1944,  
 and that death occurred on the date and hour stated above.

## Immediate cause of death

Myocarditis (Acute) 6 days  
Gastritis (Acute) 6 days  
Congestion Liver & spleen

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Geo. W. Porman (M. D. or other)Address 3532 Washington Date signed 5/16/44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2225 St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**